

We want you to know®



Aetna Life Insurance Company  
P.O. BOX 981106  
EL PASO, TX 79998-1106  
088022 J280HU03 025513

BEVERLY L WEINTRAUB

## Your Aetna HealthFund®

### Monthly Claims Summary

THIS IS NOT A BILL

#### How To Contact Us:

Member ID: [REDACTED] (have this handy)  
Email: log in to [aetnanavigator.com](http://aetnanavigator.com)  
1-800-962-6842

**Summary of Claims Reviewed:** 09/01/11 - 09/30/11

**Benefit Year:** 01/01/11 - 12/31/11

#### How Claims Were Paid

Charges from Health  
Care Professionals

**\$24,469.60**

Under Review/  
Not Paid

**\$900.00**

Payments Made  
(from your Fund, Plan  
or other accounts)

**\$2,941.98**

You Pay  
Out of Pocket  
(you may have already paid)

**\$608.09**

The charges above may be reduced because you're an Aetna Member.  
See following page(s) for details.

Out of pocket pharmacy  
costs not included

#### Your YTD Account Balances (For your household)

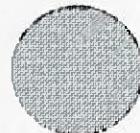
	Annual Starting Amount	Spent Year-to-Date	Amount Remaining
Your Fund	\$1,500.00	\$1,500.00	\$0.00
Your Deductible (In Network)	\$3,000.00	\$1,587.41	\$1,412.59

#### The 3 Steps of Your Plan (For your household)

Go to [aetnanavigator.com](http://aetnanavigator.com) for plan details.

##### Step 1. Your Fund

Your employer gives you a fund to help  
you pay for your health care costs.



Beginning Balance	\$1,500.00
Fund used	-\$1,500.00
Fund remaining year to date	\$0.00

##### Step 2. Your Deductible (In Network)

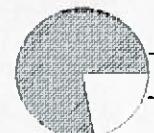
This is the amount you are  
responsible for each year.



Beginning Balance	\$3,000.00
Deductible met	-\$1,587.41
Deductible remaining year to date	\$1,412.59

##### Step 3. Your Insurance Plan Coverage

After your deductible is paid, your plan  
pays most of your costs.



Plan paid this month	\$1,920.10
You paid this month (does not include your deductible)	\$530.82

**To Get The Most From Your Plan** As long as you stay in the HRA plan, leftover fund dollars may roll-over to next year. Check your plan for details.





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## Individual Balances

		Annual Starting Amount	Spent Year-to-Date	Amount Remaining
Medical in Network Deductible		\$1,500.00	\$1,500.00	\$0.00
Medical In Network Coinsurance		\$3,500.00	\$2,030.82	\$1,469.18
Medical Out of Network Deductible		\$2,000.00	\$1,500.00	\$500.00
Medical Out of Network Coinsurance		\$5,000.00	\$2,030.82	\$2,969.18

## Claim Activity for [REDACTED] (son) 09/01/11 - 09/30/11

Date Received	Health Care Professional/ Date of Service/ Service Provided	Charges Submitted		Notes (see below)	How Claims Were Paid		
		Charges from Health Care Professionals	Charges at Aetna's Agreed Pricing		Under Review/ Not Paid	Your Plan Paid	Your Responsibility
09/12/11	09/11/11 99253 CONSULTATIONS 43247 OPERATIVE UPPER GI 43235 UPPER GI	250.00 1,000.00 900.00	89.35 239.74 89.35				89.35
09/15/11	ROCKLAND MOBILE CARE, INC. 09/11/11 A0427 ALS1-EMERGENCY A0425 GROUND MILEAGE	1,114.07 248.10	350.00 48.00	1	900.00		239.74
09/16/11	GOOD SAMARITAN HOSPITAL 09/11/11 250 PHARMACY 272 STERILE SUPPLY 71010 X-RAY EXAM CHEST SINGLE VIEW 370 ANESTHESIA 99284 EMERGENCY SERVICES 96374 THER/PROPH/DIAG INJ, IV PUSH 98375 TX/PRO/DX INJ NEW DRUG ADDON 96361 HYDRATE IV INFUSION, ADD-ON J1610 GLUCAGON HCL PER 1MG/2MX J2405 ONDANSETRON HCL PER 43247 OPERATIVE UPPER GI	444.89 97.75 585.00 1,633.00 3,375.00 375.00 375.00 450.00 901.16 439.90 11,113.22	350.00 48.00 2 2 2 2 2 2 159.03 77.63 2,097.22	2			350.00 48.00 159.03 77.63 535.88

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Claim Activity for [REDACTED] (son) 09/01/11 - 09/30/11 continued

Date Received	Health Care Professional/ Date of Service/ Service Provided	Charges Submitted			Notes (see below)	How Claims Were Paid		
		Charges from Health Care Professionals	Charges at Aetna's Agreed Pricing	Under Review/ Not Paid		Your Plan Paid	Your Responsibility	
09/19/11	[REDACTED] 09/11/11 99244 CONSULTATIONS	250.00	213.09			170.47		42.62
09/22/11	[REDACTED] 09/11/11 71010 X-RAY EXAM CHEST SINGLE VIEW	25.00	9.61			7.69		1.92
09/28/11	SOMERSET HOSPITAL 09/24/11 250 PHARMACY 96374 THER/PROPH/DIAG INJ, IV PUSH 70360 X-RAY EXAM OF NECK 99283 EMERGENCY SERVICES 86375 TX/PRO/DX INJ NEW DRUG ADDON J2405 ONDANSETRON HCL PER J1610 GLUCAGON HCL PER 1MG/2MX	1.50 116.00 152.00 239.00 87.00 6.52 216.00	.75 58.00 78.00 119.50 43.50 3.26 108.00			.60 46.40 60.80 95.80 34.80 2.61 86.40		.15 11.60 15.20 23.90 8.70 .65 21.60
09/29/11	DUANE READE 09/29/11 Drugs/Medicines	16.49	10.14					10.14
09/29/11	[REDACTED] 09/24/11 99281 EMERGENCY SERVICES	58.00	20.00			16.00		4.00
	<b>Subtotals</b>	<b>\$24,469.60</b>	<b>\$3,722.82</b>	<b>\$900.00</b>		<b>\$2,082.71</b>		<b>\$1,640.11</b>

Paid from Your Fund \$1021.88

Total payments made (from your Fund, Plan or other accounts) \$2941.98

You pay out of pocket \$608.09

**Total Monthly Claims Activity**

Charges from Health Care Professionals	Charges at Aetna's Agreed Pricing	Under Review/ Not Paid	Your Fund Paid	Your Plan Paid	You Pay Out of Pocket
<b>\$24,469.60</b>	<b>\$3,722.82</b>	<b>\$900.00</b>	<b>\$1,021.88</b>	<b>\$1,920.10</b>	<b>\$608.09</b>

**Notes:**

Your Fund has reimbursed a portion of the Co-Pay, Deductible, Your Share of the Amount Remaining and other eligible expenses.

- 1 - Your plan provides coverage for charges that are reasonable and appropriate as determined by Aetna. The charge for this service is not payable because it is considered part of another procedure performed on the same date of service. You are not responsible for this amount.  
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- 2 - The payment for this service is included in the Contracted and/or Case Rate paid to the provider. You are not responsible for this amount.

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Notes: *continued*

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3 - The Submitted Charges and Negotiated Network Amount have been adjusted to reflect addition of the New York HCRA surcharge.

**Summary of Payments Made** (from your Fund, Plan or other accounts)  
**and Provider May Bill You Amounts**

This section may be submitted to your health care professional(s) as proof of payment.

Go to [aetnanavigator.com](http://aetnanavigator.com) for more details.

Patient	Payment To	Payment Amount	Provider May Bill You Amount
[REDACTED]	[REDACTED]	\$329.09	\$0.00
[REDACTED]	ROCKLAND MOBILE CARE, INC.	\$398.00	\$0.00
[REDACTED]	GOOD SAMARITAN HOSPITAL	\$1,693.08	\$477.75
[REDACTED]	[REDACTED]	\$170.47	\$42.62
[REDACTED]	[REDACTED]	\$7.69	\$1.92
[REDACTED]	SOMERSET HOSPITAL	\$327.21	\$81.80
[REDACTED]	DUANE READE	\$0.44	\$10.14
[REDACTED]	[REDACTED]	\$16.00	\$4.00

Totals:

\$2,941.98

\$618.23

11061111000002202

## More Information

**Do you have questions? Call us free of charge at the 1-800 number on the first page of this statement or your member ID card.**

### Appeals

**Please send your written appeal along with a copy of this entire EOB to this address:**

Appeals Resolution Team  
PO Box 14464  
Lexington, KY 40512

If you disagree with a claim decision, you can ask us to review it. The process is called an appeal. You or someone you name to act for you, your authorized representative, can ask for this review. Call our Member Services Department using the telephone number displayed on the member ID card or send your written request to the above address.

Your request should include:

- Name, date of birth, and address
- Member ID number
- Group ID and name of your group, usually your employer
- Any other claim documents or records or other facts you would like us to consider. This could be new details that you did not give us the first time.

You have the right to look at the relevant documents we used to make our decision on your claim. You can ask for these (free of charge) by calling or writing us. You have 180 days from the time you get this explanation to do this. You might even have more time if your plan brochure or Summary Plan Description says so.

### When to expect a decision

- If your plan allows for one appeal we'll let you know our decision 60 days after we get your appeal request. Some states might require a different time period.
- Your plan may allow two appeals. In that case, we will let you know our first decision 30 days from the date we receive your appeal request, unless your state gives us a different amount of time. If you don't agree with that first decision, you have a second chance to appeal.

If you don't agree with our final decision, you may have the right to bring a lawsuit under Section 502(a) of a law called ERISA. Check with your employee benefits coordinator to see which appeals process your plan allows and if your plan is governed by ERISA.

A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative.

### Coordination of benefits

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

### Additional external review information

This section applies to insured plans contracted in the states of Alabama, Nebraska, Mississippi, and US Territories that are subject to the Patient Protection and Affordable Care Act (PPACA). External review is available for adverse benefit determinations and final internal adverse benefit determinations which include denials of claims, adverse coverage determinations & rescissions. You can request an external review in writing by sending your request electronically via email to [DisputedClaim@opm.gov](mailto:DisputedClaim@opm.gov), faxing it to 1-202-606-0036, or mailing to: PO Box 791, Washington, D.C. 20044. You have four months after the date of receipt of the notice of adverse or final internal adverse decision to request an external review. In urgent care situations, you may request an expedited review by calling the following toll-free number: 1-877-549-8152. If you have any questions or concerns, you can call the following toll-free number: 1-877-549-8152. You can submit additional written comments to the external reviewer at the mailing address above. If any additional information is submitted, it will be shared with the Aetna in order to give Aetna an opportunity to reconsider the denial.

You may also access [www.aetna.com](http://www.aetna.com) and search on the keyword 'privacy act' to obtain a copy of your Notice of Privacy Act Rights statement. If you do not have access to the internet and need help in obtaining this information, please contact us at the toll-free number on your ID Card.

### What happens next

If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.